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ABSTRACT

Provided are gridelines for parents and teachers working with severely handicapped deaf blind children. Hearing, vision, and communication considerations are listed in the first section. Specific suggestions are outlined for developing the following skills: discipline, body movement, toilet training, eating, dressing, washing, and social awareness. A final section includes recommendations for home activities. (CL)

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A PRACTICAL GUIDE TO THE TRAINING OF LOW-FUNCTIONING DEAF-BLIND CHILDREN

Oak Hill School conducted by
The Connecticut Institute for
the Blind
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Hartford, Connecticut 0611?2

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Teachers of Deaf-Blind
Children

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Our thanks go to the deaf-blind department of Oak Hill School - teachers and aides; to Mrs. Esther Holland, Registered Occupational Therapist; to Mr. F. Wesley Cady, Registered Physical Therapist; and, mostly, to the children who have shown us what they need.

Judith L. Nicholas

Marcia J. Watson

Teachers of Deaf-Blind Children

September, 1973

INTRODUCTION

The following is meant to be a guide for all of us - parents, teachers, therapists, teacher aides and houseparents - who have contact with Oak Hill School's deaf-blind children. We want this guide to serve as a useful, practical collection of thoughts and methods - not answers. Answers will come from using common sense along with the suggestions of the child's parents, teachers, and houseparents.

Although all of the children in the deaf-blind department at Oak Hill are called "deaf-blind", each of them is different. The child's handicaps often include more than visual and auditory problems. The majority of our children have been affected by Rubella, German measles. In this way, they are like Bunty Freeman, aged 17, whose mother has written an excellent pamphlet, "A Parent's Guide to the Early Care of a Deaf/Blind Child". We will draw on Mrs. Freeman's writings often in this guide.

Mrs. Freeman explains,

> We must accept the fact that a virus which has damaged these vital parts of the baby before he is born may also have harmed parts of his brain. Whilst this may make it harder for him to learn, it does not mean that he cannot learn at all. In such cases we shall have to have a bit more patience, be a bit more ingenious in the way we help him, and not expect him to go quite so far.[1]

Mrs. Freeman sets forth a good attitude for all of us. She feels that she and her family have learned a great deal from Bunty, mainly about what should come first in the low-functioning child's area of learning. The

[1]Peggy Freeman, "A Parent's Guide to the Early Care of a Deaf/Blind Child," National Association for Deaf/Blind and Rubella Children: England, 1971; p. 6.

mother looks back at early work with Bunty,

> Of course we now realise that most of the time we spent "ba-ba"-ing into the mike in terms of lesson periods would have been far better spent teaching Bunty to feed herself, dress herself and all the other important self-care items which to this day still cause problems.... We can appreciate that no one thing comes first, but all the progress a child makes in one or several areas are necessary to progress in another or other directions.[2]

With this practical approach in mind, we offer this guide. It does not tell how things have worked in the Oak Hill deaf-blind department, but rather how they should work for the progress of the children involved. It is up to the parents and staff to improve the program through cooperation.

Drawing on the experience of those who have worked with low-functioning deaf-blind children, we will explain ways that have helped the children toward acceptable behavior, toileting, dressing, washing, feeding, walking, and social awareness. We refer to these goals as behavioral objectives.

At the end of each section there will be space provided for specific parent-teacher plans. Here should be noted what the child's parents and the teacher agree are the best approach and the best activities for that particular child.

[2]Ibid., p.2.

PART I: GETTING A PROPER PERSPECTIVE

A. Toward a Better Understanding

The deaf-blind child works with many people in the course of a day at Oak Hill. He has one housemother who wakes him and is with him from 6:30 a.m. until 8:00 a.m. From 8:00 a.m. until 3:00 p.m., he is under the direct supervision of his teacher and aides. During his school day, he may leave the classroom for work with the speech pathologist, physical therapist, occupational therapist, gym instructor, and swimming instructor. A different aide may help him to dress in the morning or work with him at lunch. After school, he may have supervised play with one or two part-time employees and/or volunteers and supper with another staff member. From Friday through Sunday, he follows his home routine, living and playing with family and friends.

Obviously, to the low-functioning deaf-blind child, so many contacts could be very confusing without organization. The teacher must take charge of planning the child's routine to be sure everyone handles him in the same manner. There will,no doubt, be suggestions from friends and relatives. If they make you wonder about anything, ask the teacher.

Only when each of us follows his own responsibility can the child do his best.

1. Parents should:

   Meet in conference with the teacher early in the school year to plan their child's program.

   Keep in touch with the teacher by reading comments in the log book and writing in the log book about the child's routine, progress, and/or changes as observed on weekends or vacations.

   Ask to meet with the teacher when there is any question or major change in the child's behavior.

   Keep an open relationship (listen as well as make suggestions) with the teacher, therapists, aides,and houseparents.

Tell relatives and friends what signs, speech, and/or gestures to use with the child as well as how to act with him.

2. Teachers should:

Meet with parents early in the school year to plan the child's program.

Keep in touch with the parents by writing in the log book of any new gestures, signs, speech, feeding or toileting method, etc., and by reading parents' log book comments.

Ask to meet with the parents when there is any major change or plan to be discussed.

Seek specific advice from therapists and principal to use or pass on to parents, aides, houseparents.

Arrange with principal for parents to meet with therapists, houseparents, or instructors upon request.

Keep an open relationship (listen as well as make suggestions) with parents, aides, therapists, houseparents, medical staff.

Teach other staff what gestures, signs, speech to use with each child and how to act with him.

Relay messages from other staff to parents.

3. Aides should:

Carry out the child's program along with the teacher.

Follow the child's program for feeding and/or dressing when working with the houseparents.

Explain a child's program to any staff who do not know.

4. Houseparents should:

Follow the child's program as it applies to his dormitory routine (working on proper dressing, eating, washing, toileting, discipline).

Report to the aide or teacher any progress or changes noticed.

Keep an open relationship (listen as well as make suggestions) with teachers, parents, therapists, aides.

B. Hearing and Vision

It is often difficult to determine how much vision and hearing our low-functioning children have. The behavioral objective is that he use what hearing and vision he has.

A doctor may prescribe glasses and/or hearing aid judging from what he knows of the child's abilities. All of us who work with the child should learn to care for the aid and glasses, and see that the child makes maximum use of them by wearing them as much as possible.

1. If you have any questions about hearing aid or glasses, consult the child's teacher. He can show you how the mold should go in the ear and how the dials or switches should be set.

2. Hearing aid and glasses should be treated as clothing - on in the morning, off at night - except in cases where use is restricted to the classroom.

3. Find out the best setting for the hearing aid and keep it there. A piece of masking tape over the numbered dial is often helpful so that the volume will remain the same.

4. Check both glasses and hearing aid every morning. Clean the glasses if necessary, and put the ear mold of the hearing aid up to your ear to see how the volume is.

5. If the hearing aid seems weak, change the batteries.

6. Keep the child's ears cleaned to prevent wax build-up.

7. Remove the plastic or rubber mold part of the hearing aid and soak it once a week in warm water and mild detergent. Dry it and then push a pipe cleaner into the elongated part if there is still wax in it.

8. If the hearing aid rings or whistles, be sure the ear mold is in the child's ear tightly. If the noise continues, turn the volume one number lower.

Plans for the vision and hearing of _____
(student)

Parent-Teacher conference: _____
(date)

C. Communication Skills

One of our primary goals in working with low-functioning deaf-blind children is to teach them to communicate in the easiest way possible for them. There are several systems of communication from which we can choose:

1. Natural gestures are simple movements of one or both hands which have meaning for the child; for example, the gesture for "eat" is usually made by tapping the lips with the fingertips of one hand. However, natural gestures can vary from child to child: if one child points to his stomach every time he wants to eat, this pointing gesture is used by everyone working with that particular child.

2. Finger spelling involves spelling every word, letter by letter, with each letter being made by a specific position of one hand; for example, "eat" would consist of three distinct hand positions.

3. Sign language is similar to natural gestures, but every child must learn the same sign (often more intricate than a gesture) for a specific word.

4. Speech consists of precise sounds made by properly moving the mouth, lips, and tongue, which are joined together in a specific order; for example, "eat" is said by blending the -ea- sound with the -t- sound.

We must examine each child and decide which of these communication systems is the easiest for him to learn.

At Oak Hill School we have found that, for most of our low-functioning deaf-blind children, natural gesturing provides the sturdiest foundation for communication. It can be individualized and, therefore, is best suited for dealing with the specific needs of each child. When a very firm foundation has been laid, we can then think of moving on to a more difficult means of communication.

We usually begin to teach communication with a few basic gestures: come, eat, bathroom, sleep, bye-bye. In this way, the child learns that a certain hand movement will lead to a certain result and that he can move his hands in different ways to get different results. When the child has shown that he understands

the basic gestures, new gestures are introduced one at a time.

It is impossible to overstress the importance of having everyone involved with the child use the same gestures whenever appropriate. Only through the consistent repetition of the child's vocabulary can he make progress in the area of communication skills.

Communication Program for _____
(student)

Parent-Teacher conference: _____
(date)

PART II: TRAINING THE LOW-FUNCTIONING DEAF-BLIND CHILD: BEHAVIORAL OBJECTIVES

A. Introduction

Following are ways of handling discipline, toilet training, washing, eating, dressing, body movements, and social awareness.

The children need help in learning all of these skills which do not come naturally.

Basic Rules of Training:

1. Be ready to wait. He will move and understand slowly. Do not rush him.
2. Repeat. He learns by doing the same task over and over.
3. Have him finish what is begun.
4. Set good examples of behavior.
5. Help him only when necessary. Let him do as much as possible for himself.
6. Use the gestures, signs or speech he knows as you do an activity
7. Do not show anger at accidents if he does not understand.
8. Show him how happy you are at his smallest successes.
9. Always get behind him when directing him in dressing or eating, putting your hands over his to help when necessary. This way, he will be moving his hands naturally.
10. Remember that the child does not have to be doing something at all times. Rest and quiet times occasionally can be good, too.

B. Discipline

One of the most important aspects of the early development of low-functioning deaf-blind children is discipline. It helps pave the way for development in other areas because it establishes a framework of rules within which the child must work. When the child learns what is expected of him

by others, he will gradually begin to expect more of himself and to do more for himself.

The program of discipline which is decided upon will probably vary to a certain extent for every child since each is a distinct individual. However, a few general ideas should apply for all of the children.

Basic Concepts of a Program of Discipline:

1. Teach the child right from wrong.
2. Teach acceptable and unacceptable behavior.
3. The child learns by example; show him what you expect of him.
4. Discipline for the low-functioning deaf-blind child is much the same as for a normal child; but the handicapped child will learn more slowly and will need more help.
5. The handicapped child needs a lot of praise for any cooperation or correct behavior. Accept mistakes calmly and offer help until he learns what is being taught.
6. A busy, happy child will be much easier to control.

Be Consistent:

1. Decide upon a program of discipline and stick to it.
2. Set reasonable limits and insist that everyone involved - parents, relatives, neighbors, teachers, houseparents - treat the child in the same way at all times.
3. Do not give in to temper tantrums or stubborn streaks.
4. Do not pamper the child. Allow him to go through periods of struggle in which he must figure out his own solutions to problems.
5. Do not punish the child just because you are angry or he has made extra work for you.
6. Correct mistakes immediately if possible.
7. Don't expect or demand more of the child than he is capable of doing.

Disciplinary Program for _____
(student)

Parent-Teacher conference: _____
(date)

C. Body Movement

Suggestions to Encourage Body Movement:

1. Put colorful toys (mobiles are good) within the child's visual range as he lies in his crib. Encourage him to reach for them, and to lift his head to see them.

2. Tickle him, blow on him, rub him, push, pull and turn him to encourage movement.

3. Peggy Freeman suggests:

> .... hold him in lots of different ways - in our arms, on our laps, when we are standing up, sitting down, lying down - going from one position to another whilst he is in our arms, on our laps, etc. As an example - the baby who isn't too keen on lying on his tummy - one of the important positions from which to look around since it encourages head control - hold him up to one's shoulder, lean back slowly until you are lying down with the child on you on his tummy.[3]

She suggests playing with him this way to make the experience pleasant.

4. Put the child alone on his tummy (if he's been unwilling to use that position) on a pillow or a bed for short periods.

5. Put him on his tummy for his bath and to change his diapers.

6. Put him on a mat or blanket on the floor or grass. Put a favorite toy just out of reach. Encourage him to move it. Make interesting sounds around him for which he may turn or move.

7. To aid in better head raising, hold or prop the child's head up so he can see a nearby object in the midline of his body. This will make his neck muscles strong enough so he can hold his head up alone.

[3] Ibid., p. 15.

8. Put him on his tummy with a rolled up towel under his chest, causing his elbows to rest on the floor or mat. Encourage the position by putting a mirror in front of him and toys he likes.

9. Encourage him to play with his feet.

10. Mrs. Freeman again adds that, if he is not sitting, you can prop him against a pillow. As he gets used to one height, make it higher by pushing a folded diaper under the pillow. Eventually you raise him high enough so he can not look up or drop his head down.

11. When first lifting him in a sitting position, put your hands on his upper arms and elbows. As he seems stronger, gently lift him as you support his elbows, then, as he holds your thumbs, with your hands on his wrist and lower arm.

12. Hold the child tummy down on a large plastic ball. Show him it is a game. Roll him back and forth and sideways with his arms out.

13. To encourage him to raise his body higher while on his tummy, put a bolster under his chest and his hands on the floor. (A good bolster can be made by taping two large juice or coffee cans together and covering them with foam rubber).

14. Put a diaper around his torso and lift. Let him down so he'll assume the weight of his body.

15. When he can sit well with help, let him sit for longer and longer periods alone while you are behind but not touching him.

16. As he sits, see that favorite toys are where he can reach for and grasp them - not just in front of him, but all around so he can twist his body in getting them.

17. Have the child sit in all sorts of chairs and positions (high or low).

18. In playing, hold your child in a standing position while encouraging his bouncing and feeling his own weight on his legs.

19. Encourage rolling by turning the child's head gently to the side. His body should follow. If not, move one of his arms and legs across his body. Reverse for front to back rolling.

20. Move him in a creeping position. Put a diaper under his chest. Straddle him and lift him with the diaper to an "all fours" position. Rock him back and forth. Assist his coming to his hands and knees by lifting his head gently under the chin.

21. Get in position over him and help him move - one hand, then opposite knee, other hand, other knee.

22. Shine a light in front of him to see if he will move for it in a crawling position. Put the bolster under his tummy to help the crawl position. Make the distance to get the light short. Reward his crawling and let him hold the flashlight or look at it for a minute.

23. Place him just out of a patch of sunshine so he will crawl to the sunny area.

24. When he can crawl well, stand him, having him hold onto a table, bed, sofa, etc. as you stay near him, or prop him against a wall with a chair in front of him.

25. Have him put his open hands on a large ball, and his feet flat on the floor. Roll the ball back and forth,causing him to move his feet.

26. Encourage him to move down to a sitting position from his holding-on stance.

27. Have him on all fours with a diaper around his abdomen. Pull him to kneeling.

28. Sit him against your legs as you sit in a chair. Put a diaper around his chest and pull him to a standing position.

29. Hold both his hands as you face him and have him walk. (It is more natural for him to lean forward toward you than if you're behind him).

30. To encourage his using one foot at a time and changing his weight, one person should hold one of the child's hands, another, the other. First one pulls a bit to that side, then the other to the opposite side, causing the child to shift weight. When he's used to that feeling, repeat the procedure, but pull slightly forward, making his movements more natural.

31. Stand the child behind a low chair which can be pushed. Pull the chair forward slowly, forcing the child to move his feet as though walking.

32. Have the child hold one end of a yardstick, broom, etc., as you hold the other end. Pull to make him walk, or, hold it sideways, having him grasp the middle for support.

33. A walker can give the child good practice. Be sure it allows freedom of movement, but does not let him rest. (Do not use a hammock-type seat). Check with the teacher.

34. Wes Cady has had success tying various lengths of sheeting to a child's wrist once the child has shown fairly good balance.

    a. Starting with a short length, he will gently pull on the sheeting as the child stands, giving the child support and urging his forward movement.

    b. When the child walks with the help of the sheeting, he exchanges the shorter length for a longer one, so he does not give so much support as he holds it.

    c. When the child can walk alone, but still depends on the sheeting, Wes ties a short piece to the child's wrist and does not hold on.

    d. After success without adult help for awhile, the child needs no more sheeting and should be walking alone.

35. Having the child use a swing can stimulate his balance center.

36. For the child with good balance who should be walking, have him push a chair with wheels on it.

Mastering the Stairs: Up

1. Children at Oak Hill must go up and down stairs several times a day. If your child does not, do not urge stair mastery until he is very steady on his feet.

2. Many children will naturally try to crawl up the stairs.

3. Climbing the steps of a small slide with much help is a good preliminary to climbing stairs.

4. Use a banister the child can hold onto well.

5. Have the child hold the banister with one hand while you hold his other hand.

6. Push his banister hand forward, lifting the same foot to the next step for him. (If he naturally lifts the other foot, that is fine, too).

7. Pull his other hand, lifting the corresponding foot.

8. Repeat the procedure (5-7) to the landing.

9. The next time he encounters stairs, repeat for a few stairs, then touch the foot he is to lift, lifting it for him only if he cannot do it by himself.

10. When he will lift his feet without prodding, touch his banister hand without pushing it, so he will learn to pull on the banister alone.

11. As he practices climbing stairs and does better, acting more confident, let go of his hand, urging him to go alone. If he will not, touch his hand, standing ahead of him to encourage him. A shining flashlight or a toy ahead of him can cause some children to walk up the stairs for it.

Mastering the Stairs: Down

1. Put one of his hands on the banister while holding the other.

2. As you stand beside him, push his hand down the banister. If the momentum does not make him move his foot down a step independently, pull it forward and down for him.

3. Reverse the going up procedure.

General Body Movement Activities:

1. Place the child on his back on a mat.

   a. Move his arms up and back (beside his head), then down.

   b. Move his arms up at the sides and back.

   c. Lift his feet and put them back over his head.

   d. Holding one foot, push his knee to his chest, then straighten it. Repeat with the other leg. Continue the motion rhythmically as though he is bicycling.

   e. Push both his knees to his chest at the same time and straighten.

Body Movement Plans for _____
(student)

Parent-Teacher conference: _____
(date)

D. Toilet Training

General Suggestions:

1. Toilet training a deaf-blind child is not an easy undertaking, but it can be done if you are consistent, patient, and optimistic.

2. If the child's wetting is happening on a fairly regular schedule and he shows some signs of discomfort from soiled diapers, it is definitely time to begin toilet training.

3. Change the child's wet pants in the bathroom if possible. This will help teach him that all aspects of toilet training take place in a specific room.

4. Plan trips to the bathroom around the child's own schedule of wetting.

5. In the beginning, it is best to use a small potty chair on the bathroom floor so that the child's feet remain on something solid and familiar. A regular toilet might frighten a child, giving him the feeling of being suspended in space. When the child has gained an understanding of what is expected of him and is able to get on and off a regular toilet, this transition can be made.

6. If your child does not cooperate by sitting on the potty chair willingly, a small toy might help him to sit quietly. Tie the toy to the potty chair so, if it falls, the child will not have to get up to retrieve it.

7. Do not leave the child on the potty chair for more than ten minutes at a time. If there has been no success by then, bring the child back to the bathroom a little while later.

8. It is a good idea to stay in the bathroom with your child so that, if he is successful, you will know when to take him off the potty chair and reward him.

9. Take the child off as soon as something happens so he will learn what is expected of him. Show him how happy you are.

10. Use the same gesture (usually the manual alphabet "t") every time you take a trip to the bathroom. Encourage and help your child in making the gesture by himself.

11. Do not show anger when nothing happens. Hope for better luck the next time.

12. Do not confuse or distract from the purpose of toilet training by giving your child something to eat or drink while he is on the potty chair.

13. Avoid giving your child too many liquids, especially after supper.

14. Start using training pants as soon as possible. This is a big step toward greater independence for your child; it also offers the chance for further practice of dressing skills.

15. Once you and your child have established a successful daily schedule for toilet training, follow it as closely as possible.

Developmental Steps of Toilet Training:

Toilet training can never be expected to come about overnight; it will take even longer to toilet train a low-functioning deaf-blind child than it takes for a normal child. One important factor in the training of a handicapped child is his age. It is advisable to start working with the child at an early age. If the training is put off for too long, two things might be expected: (1) the child will be used to wetting or soiling his pants whenever the need arises and it will be much more difficult to break this habit, and (2) the older child will be more accustomed to having wet or soiled pants and will be less likely to indicate the need to go to the bathroom.

The following is a general outline of the development of toilet training. As is true of every aspect of development, remember that your child is a distinct individual and will move at his own pace. Certain stages of toilet training will seem to last forever while others might last for short periods of time. If everyone involved follows a consistent plan of action specifically designed for the individual child, toilet training can be accomplished as quickly and painlessly as possible.

1. Does not indicate wet or soiled diaper.

2. Indicates discomfort from wet or soiled diaper by crying; will not sit on potty chair.

3. Will sit on potty chair briefly if placed there.

4. Will sit on potty chair for up to ten minutes if placed there.

5. Never has any success on potty chair when placed there regularly.

6. Rarely urinates on potty chair; has many accidents.

7. Frequently urinates on potty chair but has some accidents; rarely has bowel movement on potty chair.

8. Indicates wet or soiled pants by using gestures.

9. Usually urinates on potty chair but has a few accidents; frequently has bowel movement on potty chair but has some accidents.

10. Can indicate need to go to the bathroom but has an occasional accident.

11. Tries to use toilet paper himself.

12. Can indicate need to go to the bathroom and rarely has an accident.

13. Goes to the bathroom by himself when the need arises.

14. Has enough bladder and bowel control to be able to vary regular schedule without having accidents during the day; still has occasional accidents at night.

15. Remains dry during the day and at night.

Program for the Toilet Training of _____
(student)

Parent-Teacher conference: _____
(date)

E. Eating

General Suggestions:

1. Be calm, patient, persistent, and consistent.

2. Mealtime should never be a stress situation; make eating pleasant for your child.

3. When eating, the child's elbows should be even with the top of the table; his feet should be on the floor or supported in some way (e.g., a special platform can be attached to his chair).

4. Begin early to offer a wide variety of food to your child.

5. Offer new foods at the beginning of meals when your child is hungry.

6. Do not force a child to eat if he is not hungry.

7. Give small quantities of food to your child so that he can easily "clean his plate" without being overfed.

8. Don't be afraid if your child misses a meal; it is better than forcing a whole meal into him. If he refuses to eat, throws his dish, or has a tantrum while eating, calmly remove his meal and make him wait until the next regular meal for something to eat.

9. Do not rush your child. Introduce changes gradually and make sure he has mastered a step before moving on to the next.

10. Do not demand less of your child than he is capable of doing; for example, if he has shown that he can eat ground food, do not give him strained baby food again.

11. It is very normal for a beginning eater to make a mess of himself and the surrounding area. Wait until your child is more skilled in feeding himself to expect neatness from him.

12. In the beginning stages, it might be best to have your child eat alone. By doing this, you can devote more attention to his training and there will be less distraction for him.

13. Always put the child's plate, spoon, cup,and napkin (or bib) in the same place on the table. Teach him to find these things by himself.

14. Use the same gesture (usually tapping your lips with your fingertips) every time your child eats. Encourage and help your child in making the gesture by himself.

Suggestions for Finger Feeding:

1. Finger feeding is a very normal stage in every child's development.

2. When the child begins to sit and can move his hand to his mouth with fair control, it is time to start practicing finger feeding.

3. Practice by sticking the child's finger in soft, sweet food (e.g., peanut butter, jam, pudding, etc.) and guiding his hand to his mouth.

4. If your child does not yet chew, let him feel your jaw as you chew comething and then gently manipulate his jaw.

5. Offer your child solids that can be picked up easily: peanut butter on bread; cheese; bite-size pieces of fruit, vegetables (raw or cooked), or meat; pieces of hard-boiled eggs; crackers and cookies; sugar-coated cereal; etc.

Suggestions for Drinking:

1. Use a small plastic cup which is easy to grip, unbreakable, and uncrushable.

2. Begin with something that you know the child likes to drink.

3. Help your child hold the cup by placing your hands over his.

4. Stand behind your child so that the cup approaches his mouth from the right direction and at the proper angle.

5. Do not put very much liquid in the cup in the beginning. Increase the amount of liquid as the child's ability to manage a cup increases.

Suggestions for Eating Solids with a Spoon

1. Allow your child to play with a spoon as soon as he shows an interest.

2. If the child has trouble holding a spoon, try building up the handle by wrapping it with sponge rubber or tape, or try tying the spoon to the child's hand.

3. When your child is able to hold a spoon and move it in a somewhat directed manner, it is time for him to begin learning to feed himself.

4. Show him how to manage the spoon by standing behind him with your hand over his and guiding him through the motions. As his ability improves, gradually move your hand to his wrist, forearm, elbow, and shoulder so that he will have to do more of the work by himself.

5. Suction cups on the bottom of the bowl will keep it from sliding.

6. Use food that sticks to the spoon until he is better at manipulating it.

7. At first let the child use his fingers to push food onto the spoon. Later show him how to use the edge of his bowl or a clip-on rim for this purpose. (Check with your child's teacher to learn where special equipment can be purchased)

8. Do not pressure your child. If he has been trying to feed himself but gets tired, finish the meal by feeding him. He will gradually feed himself for longer periods of time.

9. There are four basic stages involved in teaching the child to eat solid table foods:

   a. Soft, creamy foods: strained baby food, oatmeal, applesauce, mashed vegetables, pudding, etc.

   b. Creamy foods mixed with lumpy foods: cottage cheese, scrambled eggs, small pieces of meat and vegetables, etc.

   c. Lumpy foods alone

   d. Regular table foods

Developmental Steps:

The developmental area of eating is no exception to the rule: We must remember that each deaf-blind child is a distinct individual. Your child should not be rushed through the steps so that he can keep up with someone else's time chart. Instead, let him set the pace while you watch and guide him in his development. Make sure that he has mastered a step completely before you expect him to move on to the next.

The following developmental steps will take a long time for you and your child to accomplish. The sooner you begin to teach your child to eat by himself, the easier it will be for him to progress.

Eating:

1. Gets all nourishment from a bottle; resists being fed from a spoon and does not eat any finger foods.

2. Accepts strained baby food from a spoon when someone feeds him; holds some finger foods.

3. Accepts junior foods from a spoon when someone feeds him. Plays with finger foods; sucks on them but does not chew.

4. Allows adult to put him through the motions of eating with a spoon.

5. Eats creamy or mashed table foods. Has a fairly good idea of what to do with a spoon but needs much help, especially in loading the spoon. Eats some finger foods and tries to chew.

6. Can get spoon to mouth, unload it, and put it back in the bowl with minimal help, but needs more help in loading the spoon. Accepts some lumps in his food and eats several finger foods. Tolerates some chewing motion.

7. Eats most finger foods and gradually accepts lumpier foods. Needs some help in loading the spoon, but can get it to his mouth, unload it, and return it to the bowl without help.

8. Can feed himself independently with a spoon. Eats bite-size pieces of regular table foods. Eats all types of finger foods. Chews quite well.

Drinking:

1. Drinks only from a bottle.
2. Tries to drink from a cup held by someone else.
3. Drinks from a cup held by someone else. Tries to hold the cup.
4. Needs much help in picking up and setting down the cup, but can hold it while he drinks.
5. Can pick up the cup and hold it while he drinks, but needs help setting it down without spilling.
6. Can drink from a cup with minimal help.
7. Can drink from a cup independently.

Eating Program for _____
(student)

Parent-Teacher conference: _____
(date)

F. Dressing and Undressing

Dressing:

Before the child is ready to dress himself, prepare him in the following ways:

1. Make him aware of the parts of his body.

   a. Tickle, stroke, rub, blow (with your mouth or a hair dryer), or tap on any part of his body to help him know that part.

   b. Put a clothes pin on his shirt, pants, or whatever to see if he realizes it's there and tries to take it off.

   c. Rub the child with various things that differ in texture and consistency. Apply them to different parts of his body. Keep trying different things until he can find where you applied them. He will usually push them away or rub them showing he has found the body part they are on.

      1. A hot face cloth and a piece of ice (hot-cold sensation)

      2. A piece of fine sandpaper and a ball of cotton (rough-soft)

      3. A piece of cloth dry, then wet

      4. Aerosol sprays and powders

      5. Shaving cream

      6. Powder

      7. Cream or lotion

      8. Velvet, satin, corduroy, wool, felt, fur, feather, etc.

   d. Just before he is dressed, rub the child with various textures (See "c" above). You may help him find his arm by rubbing it with cotton. Then put on his shirt so he'll have to put that arm through a sleeve.

2. When dressing him and helping him dress or undress himself, sit or stand behind him until he can imitate you as you face him. Put your hands over his to teach.

3. Be sure he has some idea of dressing, or undressing - he may put an arm out or pull at his pants.

4. When dressing the child and, later, when guiding him to dress himself, use the same order - whatever is to be put on first must <u>always</u> be first.

   a. The teacher and parent will agree on the individual child's dressing order, starting where he is presently.

   b. One order that has worked:

      Underpants
      T-shirt
      Socks - at this point he can see his feet better
      Shirt or dress (Use dresses as little as possible since openings in the back and their length are confusing.)
      Pants
      Shoes
      Hearing aid vest

5. Plan to spend a lot of time in teaching the child to dress himself. Be patient. Do not rush him.

6. Before starting on his dressing, think of what goes into your own dressing. Picture it in slow motion to know each step the child must learn. Be sure he knows one step well before going on to the next.

<u>Undressing</u>:

1. Take off all his clothes but the last piece, his underpants, for example, which are pulled down to his ankles with one foot pulled out. He should remove them from that point.

2. Take off all his clothes but the pants which are pulled down to his ankles. He should take out both feet, one at a time.

3. Take off all his clothes but the pants which are left just above the ankles.

4. Each time, have the pants a little higher, requiring him to do a little more on his own.

5. When he has mastered the underpants, begin with the undershirt, pulled just to the top of his head. He must remove the underpants and undershirt.

6. As with the underpants, tiny step by tiny step, leave the undershirt more on than off as the child learns to remove it.

7. As the child masters each piece of clothing, require him to remove it, and begin on another article.

8. Continue working until he can remove all articles of clothing - in proper order.

Specific Suggestions for Dressing:

1. Shirts

   a. Some work best putting arms in sleeves first, then shirt neck over the head.

   b. Some prefer headfirst, then arms.

   c. A loop sewn to the back will show him what should be against the back of his neck.

2. Jacket

   a. If the child has a problem putting on his jacket one arm at a time: lay the jacket on a table or bed in front of him, front up, neck toward him.

   b. Guide his hand into the sleeves.

   c. Have him raise his arms, thus flipping the jacket over and behind his head.

   d. A jacket with sleeve lining, a different color or texture from the body lining, is helpful.

3. Socks

   a. Show the child the top of sock (often, there is a colored line on the top, or you can sew one on).

b. The front of the sock may be marked by a loop sewn on which will go over the toe and up as the sock is pulled up. (It may be tucked in)

4. Zippers

a. See that they run smoothly.

b. Attach a large button or a string or a large pin (taped shut) to the zipper pull for easier handling.

5. Shoes

a. If he can, have him hold the shoe with the tongue held back and the thumb of the other hand at heel.

b. Tap the proper foot, so he will lift it.

c. Have him put his toes in.

d. Have him hold either side of the shoe and wiggle it as he pulls.

e. Have him tap the shoe on the heel

General Suggestions:

1. Have him undress and dress at the same time daily to establish a pattern.

2. First thing in the morning and bedtime are the most natural times to work on undressing and dressing.

3. It is good to have him undress and dress fully (with help) when learning, for an overall idea.

4. Taking off is easier than putting on, - it's just pushing and pulling - and he will learn where on his body a piece of clothing should go.

5. Use loose-fitting, comfortable clothes.

a. No stretch socks - bulky, cotton socks with a colored line at the edge of the top are best.

b. No tight neck shirts

c. No belts, buckles, laces.

d. Elastic-waist pants are good.

e. Have shoes fit the feet well to stay on.

f. Mittens are better than gloves.

g. See that boots fit easily over shoes - no buttons or buckles.

h. Avoid skirts and blouses at first.

i. Dresses are harder for the child to understand than skirts. Avoid back zippers or buttons.

j. Body suits will help keep him from masturbating.

k. T-shirts with sleeves are best.

6. Have him undress and dress in the position best for him.

a. Most do well sitting on the bed or on a chair where their feet touch the floor.

b. Some prefer sitting on the floor. Be sure that your child can get up from the floor to continue pulling up clothing.

c. A few choose to undress and dress lying on their backs. It is especially good for the cerebral palsied child whose supporting muscles are weak.

7. Have him put each piece of clothing on a chair or bed near him as he removes it.

8. Each time he is to undress show him the <u>undress</u> gesture:

(One arm brushing down the other, then switch arms and repeat)

Each time he is to dress, show him the <u>dress</u> gesture:

(One arm brushing up the other, then switch arms and repeat)

9. When the child is dressing in the morning or before bed, have his clothes laid out in proper order.

Dressing Program for _____
(student)

Parent-Teacher conference: _____
(date)

G. Washing

General Suggestions:

1. Help your child learn to enjoy water by interesting him in water play - in pans, sink, bathtub, pool - splashing hands or playing with toys, soap, soapsuds, etc.

2. Stand behind your child with your hands over his.

3. Keep a small stool near the sink so your child can reach the water easily.

4. Place your child's hands on the faucets when you turn the water on and off so he will know how they work.

5. Put colored tape on the faucets (for example, red on hot, and blue on cold) and show your child the difference between the two. If the child is not visually oriented, use different textures (for example, rough on hot and smooth on cold) which will serve the same purpose. Teach your child to turn on the cold water first.

6. Follow the same routine every time you work on washing.

7. Be very patient. Do not expect your child to do things that he is not capable of doing.

8. Progress will probably be slow and somewhat erratic. Your child might pass through some steps quickly and with relative ease while other steps will seem to take forever to master. Do not become discouraged.

9. Be sure that your child has mastered a given step before moving onto the next.

10. Let your child take an active part. Do not help him with any step that he can do by himself.

Developmental Steps:

The progress of your child in the area of washing skills will be quite individualized. He cannot be expected to follow the normal developmental time-charts; even the sequence of events might vary. In general, however,

your child should be able to wash his hands before he is expected to wash his face. Taking baths and brushing teeth will come still later. Superficial and limited cleanliness is all that should be expected at first.

The following lists of steps in the development of washing hands and face, bathing, and brushing teeth are meant to be general guidelines. By watching your child's progress closely, you should get an idea of what task he is ready to tackle next.

1. Washing Hands:

   a. Resists having his hands washed, making the task difficult.

   b. Permits the washing and drying of his hands but offers little or no help.

   c. Holds his hands under the water in the sink.

   d. Rubs his hands together under the water.

   e. Helps by making washing and drying motions; he will hold the soap and towel but does not use them.

   f. Finds the soap and rubs it on his hands.

   g. Turns water faucet on and off with help.

   h. Participates in washing hands: Turns on water; holds and uses soap; holds hands in helpful position for washing and drying.

   i. Washes with only a little help needed: uses soap, lathers and rinses hands, turns water on and off.

   j. Finds towel and tries to dry hands.

   k. Dries hands completely and puts towel away.

   l. Accomplishes washing and drying of hands without help.

   m. Washes hands independently when told to do so.

   n. Washes hands without being reminded.

2. Washing the Face:

   a. Resists having face washed.

   b. Permits face to be washed but does not try to help.

   c. Washes his own face with his hands.

   d. Washes his face with a washcloth that is handed to him.

   e. Dips a washcloth in water and washes his face.

   f. Dips and wrings out a washcloth and washes his face.

   g. Washes his neck.

   h. Washes his ears.

3. Taking a Bath:

   a. Is afraid of sitting in bathtub.

   b. Sits in tub without fear.

   c. Splashes in tub of water.

   d. Plays with toys in tub of water.

   e. Cooperates in being washed while in tub.

   f. Helps use washcloth and soap.

   g. Washes himself with some help.

   h. Washes himself adequately without help.

   i. Helps dry himself.

   j. Dries himself independently and puts towel away.

4. Brushing Teeth:

   a. Resists having teeth brushed.

   b. Permits having teeth rubbed with an adult's finger or a cloth.

c. Permits having teeth brushed with a toothbrush but does not help.

d. Spits out toothpaste and water.

e. Helps brush his teeth

f. Finds his own toothbrush

g. Finds toothpaste

h. Puts toothbrush in proper place

i. Puts toothpaste tube in its proper place.

j. Takes cap off toothpaste tube

k. Puts toothpaste on brush with help.

l. Puts toothpaste on brush without help.

m. Puts cap on toothpaste tube.

n. Cares for teeth without being reminded.

o. Brushes his teeth without help.

Washing Program for _____
(student)

Parent-Teacher conference: _____
(date)

H. Social Awareness

Adult-Child Interaction:

1. Touch and cuddle the child gently as he gets used to you.

2. Let him touch you. Use a signal for only you, maybe wearing one thing, like a bracelet or ring, when you're with him. Perhaps just having him touch your cheek could be a means of knowing you.

3. If you are going to pick him up to play, give him a hint, such as a little tickle before lifting him for a tickling game.

4. Play close games - tickling, rocking together, blowing, etc.

5. Do not force him to go to strangers quickly. Give him plenty of time to get used to unfamiliar people.

6. Talk to him (do not yell).

7. Let your attentions show him he is accepted and wanted.

8. Play two-way games: roll a ball between you and him, play "peek-a-boo", "pat-a-cake", etc.

9. As he becomes physically able as well as familiar with a routine, have him take part in home or school routine (put a napkin under each fork; hand each child a cookie at snack time; hold a little broom while Mother or Father sweeps).

10. Encourage imitation (like rocking a doll).

Child-Child Interaction:

1. Have him rest beside another child or put them both on the same play equipment.

2. Have him and another child perform the same task side by side, (table work, sand or water play, for example).

3. Let him push another child's wheel chair (for partial walkers, especially).

4. Have two children hold hands while walking. Keep those same two together so they will get used to each other.

5. Give one toy to two children (do not interfere if possible).

6. Have a good dresser help a less-able child (supervision needed).

7. With a more aware child who has noticed others, give him a gesture for the child he interacts with the most.

8. Begin a game of roll the ball between two children.(At first have someone sitting behind each child, helping.)

9. Have one child push another on a swing.

Program for the Social Awareness of _____
(student)

Parent-Teacher conference: _____
(date)

PART III: SUGGESTED HOME ACTIVITIES

A. Include your child in family activities as much as possible; parents and teacher know the child's limitations as well as what might challenge him.

We offer ideas and suggestions. Parent and teacher together can experiment and choose what would be appropriate for the child.

1. Food Shopping- He can put things in the cart, notice frozen foods, push the cart.

2. Laundry - He can help load the machine, add pre-measured detergent, help load the dryer, and later, may fold some clothes.

3. Cooking - Assemble ingredients and utensils for an over-all view. Let the child sample each ingredient as it goes in as well as the results or finished product. Have him do as much as possible, (stirring, salting, etc.).

   a. Make toast - He can spread butter with your help, then dip it in a cinnamon-sugar mixture he's made.

   b. Instant pudding - Let him turn the egg beater (he can lick it, too).

   c. Slice and bake cookies - Help him notice their heat, then coolness.

   d. Popcorn

   e. Cocoa

   f. Just seeing the different forms of food is good.

      1. Let him see an unbroken egg, then the results when it is broken.

      2. Show him cans, then their contents.

      3. Show him fresh vegetables before and after cooking.

g. Let him smell many things from the kitchen and elsewhere.

4. Table Setting - He can fold napkins or place folded napkins under forks, place silverware, clear some dishes.

B. Children can play with many things around the house:

1. Pots and pans

2. Spoons - wooden ones for digging or for drum sticks

3. Paper bags - for masks, carrying things, crawling into

4. Boxes - to stack, crawl into, climb over

5. Jars and lids - to put together or put things into (rocks, beads, etc.)

6. Water - in the sink or tub or pan - add soap for bubbles, use an egg beater, strainer, cups to pour with, food coloring to add interest. Floating objects is fun.

7. Dry oatmeal, sand, or sunflower seeds - in a box to sift and play with

8. A sheet, pillowcase, blanket - hide in it, roll up in it, crawl on it, etc.

9. Mud

10. Paper - tear it, fold it, crinkle it, paste it, draw on it

C. Supervised play with equipment can be good:

1. Tricycle

2. Swings

3. Slide

4. Sand box - supplied with cups, spoons, sieves, etc.

5. Roller skates

D. Little games also teach:

1. You draw on a chalkboard, then help him to do the same.

2. You show him sticky tape, then play with it, sticking it to each other.

3. Guide him to manipulate things around the house: Close and open doors and windows, turn lights on and off, turn water faucets on and off, etc.

4. Set up an obstacle course: Go through it with him, then see if he can go through it alone. For example: Crawl under a table, walk around one chair, sit on another chair, walk in the openings of a ladder as it lies on the floor or ground, walk on a strip of carpeting, etc.

5. Show how you blow on tissue, a pin wheel, soap suds, a lit candle, bubbles, on him. See if he'll join you.

6. Take a cookie, piece of candy, or something he likes and put it in one hand behind your back. Show him carefully so he'll go after it. If he does, hide it other places:

   a. Under a box

   b. Behind a curtain

   c. On his head

7. Sit him in front of you in front of a full length mirror. Point to your eye, his eye, your mouth, his mouth, etc. Interest him in what is happening in the mirror.

8. Tickle him with different textures: pieces of wool, silk, corduroy, felt, fur, feathers, cotton, etc.

9. Help him dress up in adult clothes. (Fun to look in the mirror)

E. Arts and crafts, with supervision, is fun:

1. Fingerpainting - even with shaving cream and food coloring and bottled flavorings which smell. He can use hands and/or feet.

2. Clay or play dough - make coils, pound it, push objects and/or fingers into it, pull it apart, stack pieces of it, etc.

3. Construction paper - rip it, glue it.

4. Crayons, chalk, paints (easel work is a good change).

F. Music and sounds are pleasing for many of the children:

1. Records - play lively music, a bit louder than usual. It is best with a beat. March music is good, especially if you and he move together in time. If you have a sturdy speaker, let him sit on it, feel it with his hands, or stand on it barefoot to feel the vibrations. While he feels the vibrations, you may also tap him or clap his hands in time to the music.

2. Drum - you hit it; he hits it with his hands, then with a drumstick.

3. Toy Xylophone

4. Squeeze horn

5. Rattles

6. Bells

7. Crickets

8. Piano - let him feel the box for vibrations.

9. Lower sounds seem to work best.

10. Sing to him, hum, have him feel your throat for vibrations

11. Dance with him as you sing or listen to music.

G. Walks can be fun - to find flowers, leaves, rocks, mud puddles, trees to sit in, sticks, animals, etc.

H. Ball play has all sorts of possibilities:

1. He can roll on a big heavy ball.

2. You can roll a ball back and forth between you.

3. He can throw or drop a smaller ball in a box or wastebasket.

4. A small ball can be hidden under his shirt or in his pants for him to feel and find.

I. Miscellaneous:

1. Kite flying is fun for a child with good vision.

2. Doll play - alone or with help (show him how you hold the doll, sit it in a chair, dress it, lay it down, etc.).

3. Swimming - at the beach or in a tub in the yard.

4. Balloons - Show him as you blow it and/or let him play with an inflated one. Ask the teacher for a gesture if he likes the balloon.

5. Pull toys

6. Easy-to-wind-up toys

7. Bubble baths

Additional Suggestions for Home Activities:

jf:10/73:200

OAK HILL SCHOOL
conducted by
THE CONNECTICUT INSTITUTE FOR THE BLIND

AGENCY INFORMATION

A. INTRODUCTION:

1. Name: The Connecticut Institute for the Blind

2. Address: 120 Holcomb Street, Hartford, Ct. 06112

3. Telephone: Area Code 203 242-2274

4. Agency Head: Frank Johns, Jr., Superintendent

5. Purpose: Founded in 1893, The Connecticut Institute for the Blind, a privately operated nonprofit corporation without capital stock, maintains a residential and day school for legally blind and deaf-blind children. Though private in structure, the Institute performs a state service and cooperates with other agencies in the field of work for the blind.

B. OAK HILL SCHOOL:

Conducted by The Connecticut Institute for the Blind, it is located at 120 Holcomb Street, Hartford, Connecticut. Oak Hill is the only school in Connecticut devoted solely to the education and training of legally blind and deaf-blind children, from three years of age to twenty.

C. GOVERNING BOARD:

The governing board consists of not less than nine, nor more than thirty, nonpaid directors who must be residents of the State of Connecticut. Directors are elected each year by members of the Corporation.

D. OFFICERS:

President..... The Reverend Robert L. Edwards
Vice President....Mrs. George W. Cheney, Jr.
Secretary..... Theodore M. Maltbie
Treasurer..... The Hartford National Bank & Trust Co.

E. FINANCIAL SUPPORT:

A large portion of the income of the Institute is derived from endowment funds, private gifts and fund-drive contributions. Other revenue comes from tuition paid by the states which send students to Oak Hill. At times, Connecticut appropriates funds for specific projects, such as new buildings or equipment.

In addition, the Institute also receives substantial federal funding from a variety of sources including portions of the Elementary and Secondary Education Act, Vocational Education Amendments of 1968 and Title VI-C of the Education of the Handicapped Act.

F. FUND-RAISING DRIVES:

Each year, to cover the ever-growing budget of the Institute, additional funds must be realized. To this end, a fund-raising drive is conducted in seventeen metropolitan cities and suburban areas throughout the state. Thus thousands of Connecticut residents are encouraged to assist the Institute in its services to blind children.

No promotional or professional group is associated in any way with its fund raising; nor does the Institute participate in, nor realize benefits from, United Way funds or Community Chest campaigns.

G. ENROLLMENT:

Oak Hill, a nonsectarian school, is set in the midst of 23 acres of beautiful land high in the hills of the northern section of Hartford. Enrollment varies from year to year due to changes in the general school population, but now approximates 115 pupils. Education, training, room and board are provided without charge to parents.

H. ELIGIBILITY:

Any educable child, residing in Connecticut, is eligible to apply for admission to Oak Hill if he is either totally blind or has corrected vision not exceeding 20/200 in the better eye. Out-of-state students may also apply.

I. CURRICULUM:

The curriculum includes an early childhood through twelfth grade program. In addition to the usual academic studies, the program includes orientation and mobility, prevocational and vocational subjects, music, physical education and home and personal management.

For students with handicaps in addition to blindness there are special classes and physical, occupational, music and speech therapy. Special programs are available for the deaf-blind.

A work experience program includes job placements for selected high school students, as part of their curriculum. Emphasis is placed not only on job skills, but also on techniques of daily living and the ability to function effectively and independently in the community.

J. INTERSCHOLASTIC ATHLETICS:

The school wrestling team and girls' and boys' track teams compete with other schools for the blind. The wrestlers also compete with teams from public and private schools in the area.

In addition to performing during the wrestling season, the cheerleaders compete against other eastern schools for the blind in an annual tournament.

K. RECREATION:

Recreational activities are stressed as an important part of the social adjustment program. Besides the varsity athletics, popular activities are intramural wrestling and track, roller and ice skating, sliding and tobogganing, bowling, swimming, and tandem bicycling.

Membership in groups such as Glee Club, Key Club, Scouts, 4-H, cheerleaders and ham radio offer a wide variety of recreational choices for our students.

L. CAMP PROGRAM

The Institute sponsors and maintains a summer camping program for blind children at Harkness Memorial State Park in Waterford, Connecticut. It also directs a camping program for blind adults, which is sponsored by the State Board of Education and Services for the Blind.

M. PARENT-TEACHERS GROUP:

The state-wide Oak Hill Parent-Teachers Group works in close association with Oak Hill School during the school year. It conducts fund-raising projects to provide sums for special equipment, camperships and achievement awards.

N. LADIES VISITING COMMITTEE:

The members of an auxiliary group, The Ladies Visiting Committee, supplement and enhance the Institute's program through the gift of their time, imagination, thoughtfulness, and understanding. Their activities include an annual picnic for the students and staff at Oak Hill, the ice skating outing for the older students, and the presentation of scholastic awards.

O. VOLUNTEER PROGRAM:

A volunteer program has been developed for the purpose of improving the quality of recreational services for children at Oak Hill. Volunteers also assist in the preparation of our fund-raising appeals which enables us to keep our campaign expenses down.

3/9/76
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